

1422

53706

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK

## ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made  
by the person who made the original)

## SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.\*.....

Place of Birth.....  
(Registration District)

County.....

No.....St.

SEX OF CHILD.....Twin  
Triplet  
or other?.....and.....Number  
in order  
Birth.....3DATE OF BIRTH.....April 23 1916  
(Month) (Day) (Year)FULL NAME.....FATHER  
Harold Tillmore JohnsonFULL MAIDEN NAME.....MOTHER  
Nellie MooreI HEREBY CERTIFY that the child described herein  
has been namedAudrey Carol Johnson  
(Give name in full) (Surname)Mrs. Nellie M. Johnson  
(Parent's Signature)

(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

10M 10-1-42-S.P.Co.

115-423-545